

**Committees Primarily Formed  
for State Ballot Measures or Candidates  
Top Ten Contributor List**  
(Government Code Section 84223)

**CALIFORNIA  
FORM T10**

**Part 1: Committee Information**

Committee Name:

ID Number:

Date Submitted:

Report Number:

Contact Name (last, first):

Phone Number:

Email Address:

Treasurer's Name (last, first):

Date of Election:

Primarily Formed Ballot Measure ☐ Primarily Formed Candidate ☐

**Part 2a: Measure(s)  
Supported or Opposed**

Measure #	Support	Oppose

**Part 2b: Candidate Supported or Opposed**

Candidate Name (last, first)	Office Sought	District, if any	Support	Oppose

**Part 3: Reason For Update If Subsequent Submission** *(Check at least one box)*

- |   |   |
|---|---|
| <input type="checkbox"/> A new person qualified as a top 10 contributor.                | <input type="checkbox"/> A person who is an existing top 10 contributor made additional contributions.            |
| <input type="checkbox"/> The relative ranking order of the top 10 contributors changed. | <input type="checkbox"/> The reporting committee changed its name to add or delete a ballot measure or candidate. |
| <input type="checkbox"/> Other (explain):   |   |

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Part 4: Top Contributors					
Contributor	Recipient Committee or Major Donor, if applicable	ID Number of Recipient Committee or Major Donor, if any	City	State	Cumulative Amount

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